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P R O C E E D I N G S

DEPARTMENT OF LABOR AND INDUSTRIES  
PUBLIC HEARING  
ERGONOMICS

Tacoma Public Library  
Olympic Room  
1102 Tacoma Avenue South  
Tacoma, Washington

DATE: January 10, 2000  
REPORTED BY: Wade Johnson, RPR  
CSR No.: JO-HN-SWJ-3420Q

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## A P P E A R A N C E S

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DEPARTMENT OF LABOR AND INDUSTRIES STAFF IN ATTENDANCE:

MR. MICHAEL WOOD - Program Manager

MR. TRACY L. SPENCER - Program Manager

MR. JOHN PEART - Industrial Hygienist

DR. MICHAEL SILVERSTEIN - Assistant Director for Workplace  
Safety and Health

MR. RICK GOGGINS - Ergonomist

MR. JOSHUA J. SWANSON - Administrative Regulations  
Coordinator

MS. JENNY HAYS - Safety and Health Specialist

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## I N D E X

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## OPENING COMMENTS AND PRESENTATION BY:

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\* \* \*

## ORAL COMMENTS BY:

Ms. Irene Brown . . . . . 7

Ms. Elizabeth Zubitis . . . . . 9

Mr. Stephen Ignac . . . . . 12

Ms. Sharon Ness . . . . . 14

Ms. Diane McLoy . . . . . 18

Mr. John Thompson . . . . . 20

Mr. John Meier . . . . . 21

Mr. Norm Bellamy . . . . . 22

Mr. Norman LeMay . . . . . 24

Mr. Dave Lovell . . . . . 28

Ms. Susan Mazza . . . . . 29

Ms. Cathy O'Donnell . . . . . 31

\* \* \*

## CLOSING COMMENTS BY:

Mr. Tracy Spencer . . . . . 35

1 TACOMA, WASHINGTON; MONDAY, JANUARY 10, 2000

2 6:55 P.M.

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5

6 THE ASSEMBLY OF THE PUBLIC HEARING, regarding Ergonomics,  
7 convened, Mr. Tracy  
8 Spencer and  
9 Mr. Michael Wood,  
10 presiding,  
11

11

12 \* \* \*

13

14 O P E N I N G C O M M E N T S

15 MR. SPENCER: Good evening ladies and  
16 gentlemen. I now call this hearing to order. This is a  
17 public hearing being sponsored by the Department of Labor &  
18 Industries. I am Tracy Spencer, the Standards Manager, and  
19 this is Michael Wood, Senior Program Manager in WISHA, and  
20 we are representing Gary Moore, the Director of the  
21 Department of Labor and Industries, as the hearings  
22 officers.

23 For the record, this hearing is being held on  
24 January 10th, in Tacoma, Washington, beginning at 6:55 p.m.  
25 as authorized by the Washington Industrial Safety and

1 Health Act and the Administrative Procedures Act.

2 If you have not already done so, please fill out  
3 the sign-in sheet located at the side table. This sheet  
4 will be used to call forward individuals for testimony and  
5 to ensure hearing participants are notified of the hearing  
6 results.

7 For those of who you who have written comments  
8 that you'd like to submit, please give them to Josh Swanson  
9 at the side table. We will accept written comments until  
10 5 p.m. on February 14th, 2000, for those unable to submit  
11 comments today.

12 Comments may be mailed to the Department of Labor  
13 and Industries, WISHA Services Division at Post Office Box  
14 44620, Olympia, Washington 98504-4620, e-mailed to  
15 [ergorule@lni.wa.gov](mailto:ergorule@lni.wa.gov) or faxed to area code (360) 902-5529.  
16 Comments submitted by fax must be ten pages or less.

17 The court reporter for this hearing is Wade  
18 Johnson, of Patrice Starkovich Reporting Services.  
19 Transcripts of the proceedings should be requested and  
20 available from the court reporter. Also copies of the  
21 transcripts will be available on the WISHA home page in  
22 approximately three weeks.

23 Notice of this hearing was published in the  
24 Washington State Register on December 1st, 1999 and  
25 December 15th, 1999. Hearing notices were also sent to

1 interested parties. In accordance with the RCW, notice was  
2 also published 30 or more days prior to this hearing in the  
3 following newspapers: The Journal of Commerce, The  
4 Spokesman Review, The Olympian, The Bellingham Herald, The  
5 Columbian, The Yakima Herald-Republic, and The Tacoma News  
6 Tribune.

7 The hearing is being held to receive oral and  
8 written testimony on the proposed rules. Any comments  
9 received today, as well as written comments, will be  
10 presented to the Director.

11 Prior to starting the formal hearing, an oral  
12 summary of the proposed rules was given and a question and  
13 answer period occurred. Please refer to the handout  
14 provided to you for a copy of the proposed rule. Copies of  
15 this handout are located at the sign-in table if you did  
16 not receive one.

17 In order to evaluate the potential economic  
18 impact of the proposed rule on small business, the  
19 Department completed a Small Business Economic Impact  
20 Statement, in accordance with the Regulatory Fairness Act.

21 Please remember that this is not an adversarial  
22 hearing. There will be no cross-examination of the  
23 speakers; however, the hearings officers may ask clarifying  
24 questions. When all speakers on the hearing roster have  
25 had the opportunity to present their testimony, we will

1 provide an opportunity for anyone who so desires to present  
2 additional testimony.

3 In fairness to all parties, I ask your  
4 cooperation by not applauding or verbally expressing your  
5 to the. If we observe these rules, everyone will have the  
6 opportunity to present their testimony and help the  
7 Director to consider all viewpoints in making a final  
8 decision.

9 \* \* \*

10 O R A L T E S T I M O N Y

11 MR. SPENCER: At this time, we will take  
12 oral testimony. Please identify yourself, spell your name,  
13 and identify who you represent, for the record.

14 Irene Brown.

15 MS. BROWN: I'm Irene Brown. I'm a shop  
16 steward at C.C. Felson. It's a clothing manufacturing  
17 company, and we have repetitive motion jobs that we do  
18 there. And there has been several people that have had  
19 carpal tunnel syndrome, and I was one back diagnosed with  
20 that in 1994, and I had surgery on my right to left wrist.

21 And prior to that, I complained to the company  
22 about the problems we were having with the operations we  
23 were running. And prior to that, there was other folks  
24 that had repetitive motion syndrome, but the same kind of  
25 job that I was running, and nothing was done for them.

1           Another girl was doing a little bit different  
2           operation, and she had a problem with tendonitis, a  
3           recurring problem. Nothing was done.

4           And after I had this, L&I came in, they passed  
5           out a booklet. The company had a video, but that video has  
6           never been shown to anybody that's been hired prior to  
7           that. There was an operator about six months ago hired  
8           doing the same kind of filling job that I was doing, and  
9           she's Chinese.

10           And she was having problems with her hands, and  
11           the company failed to recognize the problem she was  
12           complaining about or help her, so I gave her some  
13           instruction how to help her with her handling of the  
14           materials, because the material we handle are very heavy  
15           and very stiff, and some it requires a lot of pulling and  
16           twisting so you can get the seems to fit.

17           And the company, we've asked them several times  
18           over and over about the quality of the fabric we're getting  
19           is causing all these problems. And they just say, "Well,  
20           we're get better fabric. We're getting better fabric."  
21           That's all that they're constantly saying.

22           So, it's gotten to the point where we're had  
23           another operator, another department's been wearing thumb  
24           and wrist guards on his hands to help him do the same kind  
25           of operations of this handling of heavy materials.

1           And if you go to the company and request that you  
2   have a problem with your hands, they will give the Chinese  
3   people who don't speak English very well these gloves or  
4   this will help you. And they don't really give them any  
5   instructions, they don't show them the video. And they  
6   have a booklet, but the booklet is not written in their  
7   language. They do not understand to read it carefully.

8           So, if there was a booklet or instructions in the  
9   foreign languages for the people that are hired in garment  
10  working factories, I think that would help them a whole  
11  lot. And if supervisors were more aware of these problems  
12  and could help instruct these people, it would be very  
13  helpful. That's all I have to say at this time.

14                   MR. SPENCER: Thank you.

15                   MR. WOOD: Thank you.

16                   Elizabeth Zubitis.

17                   MS. ZUBITIS: I'm Elizabeth Zubitis. I work  
18  for a Local 81, United Food and Commercial Workers. I've  
19  been a union repitative for the garment workers, and I have  
20  a statement that I'd like to read.

21                   The United Food and Commercial Workers  
22  International Union represents 1.4 million workers in the  
23  United States. In the retail food, meat packing, poultry,  
24  food processing, garment and textile, and healthcare  
25  industries. Cumulating trauma disorders have become the

1 most critical workplace health and safety issues for the  
2 worker's we represent.

3 Meat packers, poultry workers, have the highest  
4 incidents of these disorders in the nation. With garment,  
5 textile workers, supermarket cashiers, and meat cutters  
6 right behind them. Nursing home workers suffer from the  
7 highest rate of back injuries.

8 The UFCW strongly supports the Washington State  
9 Department of Labor and Industries' efforts to issue an  
10 ergonomic standards protecting workers from musculoskeletal  
11 disorder. And that ergonomic rule in the State of  
12 Washington, as well as nationally, is long overdue. The  
13 battle for this rule has been going on for almost ten  
14 years. It's time to move ahead and protect workers from  
15 this pervasive workplace hazard.

16 Contrary to industry groups who want people to  
17 believe that this regulation would be too burdensome and  
18 would adversely affect their businesses, we know many  
19 employers, including retail garment, meat packing, who have  
20 taken action and put into place workplace ergonomic design  
21 changes and programs to prevent MSDs, and, in fact, had  
22 great success in reducing workers' compensation costs;  
23 increasing productivity and quality and preventing workers  
24 from becoming hurt and disabled.

25 While some of those employers have made ergonomic

1 improvements voluntary, these voluntary activities have  
2 still not significantly impacted the epidemic of MSDs we  
3 see throughout the industries we represent.

4           There are also those who use the false argument  
5 there is no science in which to base a standard. In fact,  
6 there is a large body of scientific evidence that shows  
7 that workplace factors cause MSDs, and these injuries can  
8 be prevented. A broad community of medical and health  
9 experts on record that the scientific evidence of  
10 musculoskeletal disorder is sound.

11           This includes the American Industrial Hygiene  
12 Association, the American Public Health Association, and  
13 the American College of Occupational Environmental  
14 Medicine, and the American Association of Occupational  
15 Health Nurses, as well as hundreds of individual medical  
16 and health experts.

17           We applaud the Department of Labor and  
18 Industries' approach to this rule to act to prevent  
19 injuries before they occur by making this risk-based rule,  
20 as opposed to one which would require injuries to be  
21 reported before the employer would have to take actions to  
22 make corrections.

23           I'd like to take this opportunity to talk,  
24 specifically, about the ergonomics program that I have seen  
25 over the years. I remember two plants that we had, garment

1 plants, that they were engineered, and they brought in work  
2 aids to help the people. And it helped, kept the  
3 industry -- you know, keep them from getting injured. They  
4 also really -- needle guards was one thing that they never  
5 really would push. These machines have needle guards, but  
6 now they really do use those needle guards to keep from  
7 getting those needles in their fingers.

8 And I'd also say that the Local 81, which I work  
9 with, they also have -- they're very diversified -- we have  
10 poultry, we have the meat wrappers, we have butchers, we  
11 have many different competitive motion in this Local 81,  
12 and I appreciate you listening to my story. Thank you.

13 MR. SPENCER: Thank you.

14 Stephen Ignac.

15 MR. IGNAC: Good evening. My name is  
16 Stephen Ignac; that's I-g-n-a-c. And I'm a member of  
17 Carpenters' Local 1144. I live in Pierce County. I'm a  
18 lather by trade; that's l-a-t-h-e-r, and I went to a  
19 lather's apprenticeship program.

20 While serving as an apprentice, I was working for  
21 a company and this company, or should I say its  
22 representatives, showed little regard for my safety or my  
23 well-being. I've suffered for many years from tendonitis  
24 because of something that happened on one of their jobs,  
25 and it didn't really have to happen.

1           I was working on this job as an apprentice, and I  
2   was told that I was supposed to make holes in concrete  
3   blocks, and they were to receive metal brackets. And I  
4   asked the foreman, "How do I accomplish this? How do you  
5   propose I make these holes?" And he looked at me and he  
6   says, "We real men use our hammer and chisel. If you have  
7   those tools, I suggest that you get to it."

8           Well, I proceeded to make holes in those concrete  
9   blocks eight hours a day for approximately two weeks.  
10   That's a very repetitive motion of just hitting a hammer  
11   against a chisel against a concrete wall. Just purely by  
12   chance, I found out that the company had a power tool  
13   that's called a star drill that would have done the same  
14   job in about two days, and it would have saved them time,  
15   money, and my body.

16           Now, that's what I call a preventable  
17   musculoskeletal disorder. I wouldn't have tendonitis  
18   today, had I been given the opportunity just to use a power  
19   tool instead of my arm and my hammer and my chisel.

20           Every day most workers in our states face a  
21   workplace that has failed to address the work-related  
22   musculoskeletal disorders. You know, you can -- I heard a  
23   little while ago, the number of millions of dollars that  
24   are spent on injured workers, and I don't know how many  
25   thousands of claims are filed a year. But I would beg of

1 you to consider the human factor in this, the pain and  
2 suffering, the lost wages. And when a worker is injured  
3 their family suffers, also, so that's something to  
4 consider, also.

5           You know, businesses that are out there that have  
6 developed these programs to look at these ergonomic -- have  
7 put in place ergonomic programs, they're finding that they  
8 have more productive workers. They have less injuries.  
9 They've got better worker morale. It's just good business,  
10 and I think it's high time that we as a state look at the  
11 fact that we can start to set standards for that future  
12 work force, for tomorrow, for the 21st century.

13           Why don't we just set a standard that's going to  
14 protect our workers? You know, we can do this. It's just  
15 going to take everybody working together to see that there  
16 is a need there, and to go out there and do it. I  
17 wholeheartedly support this bill or this rule.

18           Thank you very much.

19           MR. SPENCER: Thank you.

20           Sharon Ness.

21           MS. NESS: Hi, my name is Sharon Ness, "N"  
22 as in Nancy, e-s "s," as in Sam. I'm speaking in support  
23 of the ergonomic rule.

24           I speak to you as a registered nurse of 30 years  
25 currently working at St. Claire Hospital here in Lakewood

1 as a supplemental weekend employee. I also address this  
2 issue as a full time union representative with Local 141 of  
3 the UFCW. Our local represents, approximately, 3,500  
4 registered nurses in 22 hospitals, nursing homes, and  
5 clinics in this state.

6 Back, shoulder, and neck injuries are commonplace  
7 to nursing. In nursing, it has become part of the job. I  
8 do not know a nurse that has not had a musculoskeletal  
9 injury, strain/sprain, or other injury. Some of these  
10 nurses have had to leave the profession.

11 As we enter a critical nursing shortage, this  
12 rule becomes even more important. As less people choose  
13 nursing as a profession, it is important to maintain the  
14 nurses we have and to protect the backs of those coming  
15 into the profession.

16 I believe you heard from a nurse in Everett that  
17 is leaving her job next week because in the last two  
18 motion, ten registered nurses and nursing assistants on her  
19 unit are out with back injuries. This is because of the  
20 nursing shortage, because the patients are acutely ill, and  
21 the risk is increased to those that are left to do the  
22 care. The hospital is investigating.

23 In order to care for sick and dying individuals,  
24 a nurse must frequently reach, bend, stoop, push, pull, and  
25 lift. Most physical activity is performed in awkward body

1 posture because the nurse's first concern is for the  
2 patient in the hospital bed. Assisting another person to  
3 stand, transfer from bed to chair, presents many aspects of  
4 unpredictability. Will this person faint, push against  
5 you, grab your neck? Are they able to help, or are they  
6 totally dependent on others?

7 A new hazard recognized by every healthcare  
8 worker in hospitals is carpeting. Over the last 20 years,  
9 as hospitals push to make their buildings aesthetically  
10 pleasing to the eye, they place carpets in the hallways.

11 Now, measure the force on knees, hips, and backs  
12 as a healthcare worker pushes a hospital bed with a patient  
13 in it, a gurney, or an x-ray machine from room to room on  
14 that carpet. I can tell you from experience the impact is  
15 huge on carpeting versus linoleum. I have reported this  
16 hazard as an employee, where I work as a nurse, and I have  
17 reported it to others. And it's being investigated.

18 Another hazard that is coming new to the  
19 healthcare field is the computer. There's usually one  
20 computer at every nurses desk, and nurses don't take the  
21 time to sit down and do the inputting, but instead lean  
22 over the desk with their head tilted back, forgetting  
23 whatever posture that their hands may be in, type on what  
24 is needed in regards to the patient, and off to the next  
25 task. It's time to stop investigating, and this rule will

1 help the employer to act.

2 This rule will make the employer look at the  
3 hazards, at the physical demands placed on nurses and other  
4 healthcare workers, to look at injuries versus aesthetics,  
5 to look at the lack of recovery time, to look at the need  
6 for lifting teams, adequate staff, and engineering  
7 controls.

8 The education of the worker is of the paramount  
9 importance to protect backs, shoulders, and necks.  
10 Healthcare workers should not turn comatose patients by  
11 themselves, pull patients up in bed alone, but we do  
12 because of lack of staff, lack of time, lack of training.

13 I do think that it is a shame that in this state  
14 that has had a voluntary consulting service at L&I for the  
15 last ten years free to the employers, that we have had to  
16 come to the point of making this rule. But as more workers  
17 are injured every year and economically the amount of money  
18 spent on injured workers increases, it is imperative that  
19 something be done to decrease injuries.

20 I do want to express a concern, when I reviewed  
21 the criteria for caution zoned jobs that healthcare  
22 employers will not rate nursing with the physical factors  
23 because most tasks are not performed with the duration of  
24 two to four hours per day. I would also recommend a  
25 quicker implementation date for hospitals.

1           Every injured workers impacts their place of  
2   work, their home, their family, and the economy. It's time  
3   we decrease the strain on our workers and our economy, and  
4   we need this economic rule.

5           Thank you.

6           MR. SPENCER: Thank you.

7           Jeri Kruse.

8           MS. KRUSE: I'll pass.

9           MR. SPENCER: Diane McLoy.

10          MS. McLOY: Hi, I'm Diane McLoy, and I also  
11   work in healthcare and represent Local 1001.

12          And I, basically, don't want to have to repeat  
13   what was just said, because that pretty much sums it up.

14          My concern about the rule is, again,  
15   implementation, that it needs to be quicker. And if  
16   there's a consequence, if it isn't, what that would be, if  
17   it isn't followed through.

18          In healthcare, we're pretty much aware of back  
19   injuries, and we get a lot of in-services in how to lift.  
20   We do work alone in a lot of instances. And to kind of  
21   step back, I work in computer tomography, so I have sort of  
22   a double-whammy. I spend a lot of time at a commuter.

23          And several years, about three years ago, about  
24   five of us in our department ended up with numbness in our  
25   hands, and shortly after we received two new screens. And

1 all this time in healthcare, we've been concerned about our  
2 lower backs and how we lift patients. Well, we were  
3 sitting at the computer several hours a day looking back  
4 and forth in a screen, rocking our heads back and forth.

5 And after we -- but as employees initiated there  
6 was a problem, then the employer did do something about  
7 it. And we went in for physical therapy, and most of us  
8 are doing okay, although we have permanent injuries. And  
9 it was from the repetitive motion of rocking back and  
10 forth.

11 Now, our employer made changes, and so I guess  
12 it's a success story, in that respect, but what -- my  
13 concern is, if you don't have the awareness first, then you  
14 don't know as an employee to seek the help or to call the  
15 agencies or to press your employer. You may not even know  
16 you're in a work zone that requires this.

17 And we worked in healthcare, and we did not  
18 realize that sitting at that computer, everything was  
19 wrong, that that was causing our injuries. And most of  
20 what we scan all day is back injuries. So, it was really a  
21 shock to all of us.

22 So, my comment mainly is the concerns that it's  
23 not enough education. I think education needs to come  
24 first. It should just be a pamphlet that is handed out for  
25 all employees, so they know that this is there, so they can

1 be aware of it.

2 And, basically, that's just what I wanted to  
3 comment on with the ruling, that there would be information  
4 out there. And it's pretty much everybody said all this  
5 about healthcare, so that's it. Thank you, though.

6 MR. SPENCER: Thank you.

7 John Thompson.

8 MR. THOMPSON: Good evening. My name is  
9 John Thompson; I'm the secretary-treasurer of Pierce County  
10 Central Labor Council, and I represent about 55,000 workers  
11 here in Pierce County.

12 First of all, I'd like to say congratulations to  
13 the Department of Labor and Industries for proposing this  
14 rule. It has been long time overdue. Every day, hundreds  
15 of workers, even here in Pierce County, are being injured  
16 when there are ergonomic solutions available. Many  
17 businesses have had ample opportunity to correct these in  
18 the workplaces, but, instead, would have rather pay as they  
19 go. The impact to workers and their families is  
20 devastating, and you've heard several comments already  
21 about that.

22 My only concern is with the rule of length of  
23 implementation. I know you are trying to take into  
24 consideration the small employers, but most of them are  
25 employers who have a small work force and don't have a lot

1 of caution zone jobs. So, this rule will not impact them  
2 nearly as much.

3 On behalf of labor, though, thank you for the  
4 year-long process for this rule and the results. All of  
5 the stakeholders have been included, which we appreciate.  
6 And it's well thought out, and hopefully it will be  
7 implemented as soon as possible.

8 Thank you.

9 MR. SPENCER: Thank you.

10 Harold Wayne Withrow?

11 (No response.)

12 MR. SPENCER: Is there anyone else who would  
13 like to testify on the proposal?

14 MR. MEIER: I put down maybe because I  
15 thought there might be a lot of people.

16 MR. SPENCER: Come on up. That's fine.

17 MR. MEIER: I'm John Meier. I've lived in  
18 Tacoma all of my life. I'm a former journeyman roofer by  
19 trade. I currently am the executive secretary of the  
20 Pierce County Building and Construction Trades Council,  
21 which we represent 19 building trade craft locals,  
22 comprising of about 16,000 union building trade craft  
23 people here in Pierce County.

24 We are strongly in favor of the proposed rule.  
25 We do not wish to see any more of our highly trained

1 members injured on jobs work sites. This rule should have  
2 been in place years ago. We thank you for your efforts.

3 MR. SPENCER: Thank you.

4 MR. BELLAMY: Hi, my name is Norm Bellamy.  
5 I'm an ergonomics dealer, and I'd like to share with you  
6 some of the things I've been seeing in the past six years  
7 as a dealer.

8 Number one, the thing I find most important in  
9 the area of ergonomics is education. I find that when I go  
10 out to people's workstations, a lot of the solutions that  
11 are needed does not involve any money at all. People just  
12 simply don't know how to place their keyboards at the right  
13 height, or they don't know that standing on concrete is a  
14 problem. They don't know that vibration can cause problems  
15 with their upper extremities, neck, and back. So, it's  
16 just an education that I believe that if this program is  
17 implemented, it will certainly help a lot of people in that  
18 respect.

19 I also work with a lot of companies now that are  
20 ergonomic -- or consider ergonomics as part of their  
21 program, and that those employers have had much better  
22 success with fewer problems with work-related injuries.  
23 The program does work. Their employees are happier. They  
24 don't have problems with their arms or neck or back or  
25 shoulders or anything like that, that you would normally

1 have if you didn't have a program implemented. It also  
2 shows that the employer cares about their employees.  
3 Productivity obviously goes up.

4 And I'd like to share that as an equipment  
5 dealer, the machines are replaceable, the humans are not.  
6 And I would emphasize that -- in your program, I would  
7 emphasize that having equipment modifications is far, far  
8 and way much better than having humans having problems.

9 Also, I'd like to say that please keep this rule  
10 simple as possible, particularly since it's new and  
11 everyone is going in a shakedown stage. As this becomes  
12 implemented and it becomes an actual rule that there is  
13 room for changes, so that when things crop up, whether it's  
14 employee based or employer based, you guys will be able to  
15 easily make change to it to accommodate those needs.

16 And, finally, I'd like to say, consider giving  
17 the employers a discount or a premium discount or some kind  
18 of incentive for wanting to implement this program and,  
19 perhaps, do it in stages. One might be for getting  
20 involved with the program, and the other might be some kind  
21 of incentive for having a successful program. In other  
22 words, share some of the expected savings back to the  
23 employers, the employees, and try to make it beneficial in  
24 that respect. Thank you.

25 MR. SPENCER: Thank you.

1 Sir, come on up.

2 MR. LeMAY: Hello. I'm Norman LeMay; I'm  
3 with LeMay, Incorporated.

4 And we currently provide training for all of our  
5 drivers, and a few of the things that I've learned from  
6 that -- first of all, when we first were brought to a real  
7 awareness of ergonomics was when we were pushed in that  
8 direction by L&I. And it was under WAC 296.24.073, which  
9 got our attention very quickly.

10 And what we did from that point is, they came out  
11 and videotaped the drivers and weighed the cans. Cans, of  
12 course, we don't have any control over. Drivers, they  
13 videotaped them as far as how their training was, whether  
14 they lifted properly or not.

15 This was fairly new to me, so I hired an  
16 ergonomist, and we had our ergonomist versus your  
17 ergonomist, talking about whether you're actually picking  
18 straight and then twisting or whether it's a twist and a  
19 pick, because a twist and a pick is not nearly is -- is  
20 really harmful to the body, and a straight pick isn't.

21 And I became aware of how absolutely technical  
22 this was. It's not like hanging a keyboard off of a desk,  
23 because a keyboard off of a desk can be brought to a  
24 particular level and measured, and you're very sure of  
25 where it is actually.

1           So, my first experience brought me to understand  
2   that different ergonomists have different ways of solving  
3   the problems and that it comes at a very high cost.

4           Secondly, I then went to a sports medicine  
5   person, who actually knew what she was doing, and taught me  
6   a good deal about how to lift and how the body works, and  
7   how to actually teach our employees how to lift better.

8           The real goal in what was taking place was that I  
9   saw that there was a benefit to it and that there really  
10  was a few things out there to learn. Okay, that's the  
11  carrot. One of the things that I learned in education when  
12  I was a teacher was that disincentives can stop an  
13  activity, but incentives are the only thing that ever bring  
14  you to a goal.

15          You've got a nice set of disincentives  
16  potentially put together, but all that's going to do is  
17  maybe stop an activity that's taking place. Normally,  
18  that's refilled with another activity that is causing the  
19  same level of problem. You're really not going to improve  
20  yourself unless you've got an incentive. You can not get  
21  to a goal without incentives.

22          The other thing is that accountability. Can I  
23  write a driver up for picking something up and not having  
24  his feet pointed the direction of the lift? In other  
25  words, how accountable is the person for how they manage

1     their body?  If they were in a vehicle and they had an  
2     accident and that accident was over a very small level,  
3     they would be written up, possibly given a warning letter.  
4     The second time that happened, depending on their work  
5     history and the type of accident, they'd be let go.

6             If a person is improperly lifting, do I as an  
7     employer have the right to use the same level  
8     accountability for their body as I do for them managing a  
9     vehicle?  Because the body is worth a good deal more than  
10    the vehicle and can end up costing a good deal more.

11            Another problem we have, because many of the  
12    people that go into solid waste hauling are out in sports,  
13    shouldn't employees be told of every sport that an employee  
14    is involved in, and the degree that they're involved in  
15    it?  One of the things that I found is that people that are  
16    really deeply involved in almost any activity, whether it's  
17    canoeing or it's softball or whatever, that creates an  
18    extreme, you know, use of the body.

19            If they're just marginally involved, that's one  
20    thing, but actually deeply involved, I can't tell you the  
21    number of problems that we've encountered where there is a  
22    conflict between what's taking place in the sports world  
23    when they're off and in the work world when they're  
24    working.

25            The other thing -- there are other issues, for

1 instance, one thing that I learned and I probably can't  
2 even deal with this, is that, for instance, rolling  
3 shoulders when you pick something up or dropping your head  
4 when you pick them up are all things that you look for in  
5 lifting, but tall people with bad postures do not make good  
6 garbage men; eventually, they're going to cost you an  
7 extreme amount of money.

8 Now, not hiring them, does that fall into any  
9 special classification of people? I don't know, but it all  
10 becomes an issue where we do feel accountable, but how do  
11 you work this out and still keep on the road a, you know, a  
12 collection system that is cost-effective to the people?

13 One other addition. We're changing to automated  
14 collection, and one of the reasons that we are is directly  
15 from my experience with Labor and Industries. Company-wide  
16 it's going to cost about \$13 million, and I wasn't directly  
17 asked to do that, but I look at my work force, and I see  
18 that they're growing older. I've got to have trucks to put  
19 them in. I can't leave -- you know, I can't stay there and  
20 keep doing this. It does have a huge cost.

21 I don't know how any particular person can be  
22 found accountable for that, because I would either pay for  
23 the injuries or pay for the changes, but I think that  
24 there's a gross underestimation of what this in total is  
25 going to cost. At least in our industry, I can't see

1 anyone keeping a garbage man picking up refuse by hand.  
2 They are by themselves, and it's hard work that's  
3 absolutely repetitive, and I'll tell you, it definitely is  
4 55 pounds, at least as many times as it would take to put  
5 us in the high risk category. Thank you.

6 MR. SPENCER: Thank you.

7 MR. LOVELL: My name is Dave Lovell. I'm  
8 secretary-treasurer of Teamster Local 599 in Pierce County,  
9 and we represent somewhere in the area of about 2,800  
10 members.

11 I just heard the last speaker, and I was one of  
12 the ones who wrote maybe on the card whether I would speak  
13 or not. In those industries that we represent, we can find  
14 a strata of the work force that is young, male, physically  
15 fit, but sure enough will be broken down over time.

16 You can see it in the reporting of accidents.  
17 You can see it whether it's route sales, warehousing,  
18 garbage collection, or others that are physically demanding  
19 and a repetitive motion.

20 I have come to the belief that if you can't see  
21 the injury, then it's not as severe as the broken arm, the  
22 amputated finger, or the gash in which blood is pouring  
23 out. MSD injuries are just as debilitating. As we as a  
24 society move to working longer and longer, and we encounter  
25 in those industries repeated breaking down of the human

1 body requiring an earlier and earlier retirement or career  
2 change, it is a great dilemma as a society that we will  
3 have to deal with.

4 I commend the Department on their rule. I  
5 heartily support it. I make note of the court reporter's  
6 chair, and say congratulations on recognizing the  
7 importance.

8 For the rest that are sitting out there, the mind  
9 can only absorb what the fanny can endure, and that's a  
10 great ergonomic statement, but I do want to thank you again  
11 for your efforts, and call on us any time you want to  
12 identify some of those industries.

13 Thank you.

14 MR. SPENCER: Thank you.

15 Ma'am, did you want to testify?

16 MS. MAZZA: My name is Susan Mazza, and I'm  
17 from Starkel Poultry in Puyallup. I just want to say a  
18 couple things. I am for the ergonomics ruling, but I would  
19 like you guys to think about some of these points.

20 No. 1, this includes farm workers, and how can  
21 you -- how can you make a good -- I'm sorry, I'm nervous.

22 MR. SPENCER: That's okay.

23 MS. MAZZA: Some of the physical hazards  
24 that farm workers have is like picking, and how can you  
25 resolve that? It's manually picked. They're going to be

1     picking apples over their shoulders, picking strawberries,  
2     etc. I also want you to conduct pilot program as,  
3     specifically, suggested in state law, conduct pilot  
4     programs to measure each of the rules requirements for  
5     effectiveness in injury and hazard reduction, cost and ease  
6     of compliance before implementation.

7             No. 2, establish clear compliance goals and  
8     requirements. Although the rule defines what jobs are  
9     hazardous, the proposal fails to tell you what is required  
10    to reduce these hazards. What do you have to do to comply  
11    with this rule? How much reduction is enough? L&I needs  
12    to answer these fundamental questions now, instead L&I  
13    wants to adopt rule and use the next five years to figure  
14    it out.

15            No. 3, provide technical assistance. Delay  
16    implementation of the proposed rule until education,  
17    technical assistance, and outreach is readily available,  
18    not just work in progress.

19            No. 4, coordinate with other ergonomics related  
20    programs. Prior to final rule adoption or implementation,  
21    coordinate rule making efforts with federal OSHA. Federal  
22    OSHA recently proposed its own ergonomic standards. Why  
23    require Washington employers to comply with two conflicting  
24    sets of regulations?

25            No. 5, don't second-guess the employer. If the

1 employer makes a good faith effort to identify prioritize  
2 and correct hazards, L&I should not substitute its judgment  
3 for that of the employer unless L&I can approve that its  
4 proposed corrective action resort in a greater reduction of  
5 injuries.

6 No. 6, restore employer flexibility. The rule  
7 goes too far by giving extraordinary power to employees to  
8 select the measures to reduce the hazard exposure.  
9 Employee input is valuable, but it should not supplant the  
10 employer's judgment.

11 No. 7, automation and alternative work as abated  
12 measures. Clarify that the rule does not prohibit  
13 part-time work, seasonal, or temporary employees or the use  
14 of automation in the workplace as compliance measures.

15 Thank you.

16 MR. SPENCER: Thank you.

17 MS. O'DONNELL: My name is Cathy O'Donnell,  
18 and I work for Pierce County Library. I'm the vice  
19 president of our Local 3778.

20 And to give you a little about -- in 1986, my  
21 library passed a bond issue to build in new buildings and  
22 stuff. Part of what they did was, in '87 they had an  
23 ergonomic study done. And we found there were a lot of  
24 things that we were doing in the library that were causing  
25 a lot of stress on our wrist, our backs, our legs.

1           And as they built the new buildings, they took  
2   all this into consideration. They've supplied us with  
3   wrist boards. And, initially, wrist boards and the foot  
4   rests, our maintenance department made because they didn't  
5   have the money right then to go out and buy them, and we  
6   used what we had.

7           As the buildings were built, they staggered the  
8   circulation desks, so we had different heights of computer  
9   terminals for the different workers. They put down extra  
10  padding around the circulation desk, so the people weren't  
11  standing on concrete. They added foot rest bars at the  
12  circulation desk, so the people could raise and lower their  
13  feet as they needed to for resting.

14          They also bought us all chairs, the type of  
15  chairs we needed for adjusting backs and height and forward  
16  and backward and all that stuff.

17          Despite everything that they've done -- and I  
18  have to commend them because they have done a lot, and any  
19  time something has come up where we said, "We need this or  
20  we need that," they've made a very good effort to supply us  
21  with that -- we still have a lot of repetitive stress  
22  injury. We have a lot of people with tendonitis.

23          I, myself, have had carpal tunnel surgery in both  
24  hands. It's -- I really think -- I feel sorry for people  
25  who don't have employers who are as conscious of ergonomics

1 as my employers are. And listening to some of these I  
2 think, thank God, I work where I work, because my employers  
3 are very conscious of it, they have made a very good effort  
4 to comply with ergonomics to help us out. They know that  
5 by helping us, the workers, they are reducing the amount  
6 that they have to pay in worker comp, they are -- they are  
7 making us a lot happier.

8           You know, if we go to -- when I had the surgeries  
9 I had -- my doctor told me, he says, "Oh, you can't use a  
10 wooden wrist rest, you need one with some type of cushion  
11 support." They got them for us.

12           They said small pencils, like the one you've got  
13 there, that's very bad when your hands when you're gripping  
14 it, it forms a lot of stress. I have all big pencils now.  
15 They said, "You need some grips." They supplied us with  
16 grips. We have plastic triangular grips, and we have  
17 sponge grips. We have a choice of the two.

18           The mouses, we found the mouses were causing a  
19 lot of problems. We now have mouse rests, wrist rests for  
20 our mouse pads. We were also able to get some -- people  
21 wanted to have touch pads. We also have some track balls.  
22 I have a split keyboard.

23           If we need certain equipment, they are willing to  
24 get it for us, and I think all employers should help the  
25 employees like that. If they need the equipment to do the

1 job, you know, they don't have to go out and buy everything  
2 all at one time. You know, it's taken us several years to  
3 get to this point.

4 We started in 1987, and I think we've reached a  
5 very good standing, as far as ergonomic compliance right  
6 now. And I wish all employers would follow suit with what  
7 the library has done.

8 And one thing I found very ironic is when I went  
9 to my doctor and was diagnosed with the carpal tunnel, at  
10 first, the doctor gave me a study, an ergonomic study that  
11 was done. He said, "This was done in a library. You  
12 should read this, and you can show it to your employers,  
13 and maybe they can do some compliance with it."

14 It was the study that my library had had done.  
15 This doctor was handing the study out to people with carpal  
16 tunnel, saying that your employers need to follow these  
17 rules, they need to follow these studies and take these  
18 suggestions.

19 So, I found that very -- well, it's not so much  
20 ironic, I just thought it was kind of funny to be given a  
21 report that I had already seen and that my library was  
22 already complying with. That was mainly what I wanted to  
23 say. Thank you.

24 MR. WOOD: Can I ask a question real  
25 quickly? Do you happen to have copy or a more specific

1 reference on the study?

2 MS. O'DONNELL: I could get one.

3 MR. WOOD: If you could send it to us, that  
4 would be very much appreciated.

5 MS. O'DONNELL: Yes, I will.

6 MR. WOOD: Thank you.

7 MR. SPENCER: Is there anyone else who would  
8 like to testify on the proposal? Going once.

9 (No response.)

10 \* \* \*

11 C L O S I N G C O M M E N T S

12 MR. SPENCER: The deadline for sending in  
13 written comments again is 5 p.m. on February 14th, 2000. I  
14 want to thank you all for coming, especially those of you  
15 who testified.

16 This hearing is adjourned at 7:45 p.m.

17 (Hearing adjourned

18 at 7:45 p.m.)

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## C E R T I F I C A T E

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF KING )

I, the undersigned officer of the Court, under my commission as a Notary Public in and for the State of Washington, hereby certify that this is a true transcript of the Public Hearing regarding Ergonomics; that the said hearing was taken stenographically before me and thereafter transcribed under my direction.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21st of January, 2000.

Wade J. Johnson  
NOTARY PUBLIC in and for the State  
of Washington, residing at Renton.  
My commission expires 11/9/02.